

ARREST NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT
JUVENILE REFERRAL

1 Arrest 4. Complaint Affidavit
2. Notice to Appear 5. Request for Capias
3. Arrest Affidavit 6. Juvenile Referral Juvenile

OBTS Number		Agency ORI Number FL0061100		Agency Name TITUSVILLE POLICE DEPARTMENT		Agency Report Number 2021-00063253	
Charge type, check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized? Type 1. Yes Unarmed 2. No		Agency Arrest Number	

Location of Arrest (Include Name of Business) City				Location of Offense (Business Name, Address) 1030 QUEEN ST				City TITUSVILLE	
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Date of Arrest 09/09/2021	Time of Arrest 14:00	BCSO Date	BCSO Time	Jail Date	Jail Time	Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> APTS <input type="checkbox"/> Criminal	By:
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Date of Offense 08/23/2021	FDLE Number	DOC Number	FBI Number
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Name (Last, First, Middle) MITCHELL, LAKEISHA SONYAE								Alias	
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Race W - White 1 - American Indian <input checked="" type="radio"/> Black <input type="radio"/> Oriental/Asian	Sex F	Date of Birth 11/28/1979	Height 5'9	Weight 220	Eye Color Brown	Hair Color Brown	Complexion Dark	Build Heavy
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		
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Local Address (Street, Apt. Number) 1030 QUEEN ST Titusville, FL 32780			(City)	(State)	(Zip)	Phone (321)652-3143	Residence Type <input checked="" type="radio"/> 1. City <input type="radio"/> 2. County <input type="radio"/> 3. Florida <input type="radio"/> 4. Out of State	
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Permanent Address (Street, Apt. Number) or Business Address (Name, Street) or Parent's Name / Address if Juv			(City)	(State)	(Zip)	Phone ()	Parent Contacted <input type="checkbox"/> Y <input type="checkbox"/> N	
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Driver's License State/Number FL M324537799280	Social Security Number [REDACTED]	INS Number	Place of Birth FL	Citizenship US	
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Activity	Drug Type	Amount/Unit	Bond Amount	Court Number
<input checked="" type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv PU <input type="checkbox"/> Citation	Date Issued		<input type="checkbox"/> Writ Att. <input type="checkbox"/> Domestic Viol Inj <input type="checkbox"/> Order of Arrest	

Charge Description MURDER 1ST DEG	Courts 1	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number 782.04(1)(a) 2 h PL	Violation of Section (ORD)
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
On the **23** day of **AUG, 2021** at **1740** A.M. P.M.
(Specifically include facts constituting cause for arrest)

On the above date and time the defendant, Lakeisha Mitchell, is being charged with aggravated child neglect causing great bodily harm, contrary to section 827.03(2)(b), Florida state statute, and aggravated child abuse causing great bodily harm, contrary to section 827.03(2) Florida state statute. These charges are supported by the injury to the child and sworn statements made by the defendant on scene and post-Miranda rights.

Continued for: Narrative <input checked="" type="checkbox"/> Charges <input checked="" type="checkbox"/>	
Mandatory Appearance In Court	Location (Court, Room Number, Address)
Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	

I agree to appear at the time and place designated to answer the offense charged or to pay the fine subscribed. I understand that should I willfully fail to appear before the court as required by this notice to appear, that I may be held in contempt of court and a warrant for my arrest or a take into custody order shall be issued.

Signature of Defendant/Juvenile	Signature of Juv. Parent/Custodian	Released to: (Name)	Date	Time
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<input checked="" type="checkbox"/> Miranda Warning	Hold for Other Agency Name:	Verified By	Date	Bonding Agency
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Adults Only <input type="checkbox"/> Hold for First Appearance <input type="checkbox"/> Do Not Bond Out. Reason: I Do	Sworn to and subscribed before me, the undersigned Authority this day of 9 , 20 21 Signature Print or Type Name Notary/Law Enforcement Officer in Performance of Office Duties Personally Known <input checked="" type="checkbox"/> ID Produced <input type="checkbox"/>	Bond #	Amount
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Officer/Complainant's Signature Parker	ID No./Dist. 153	Name (Printed) Landis	Returnable Court Date	Returnable Court Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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**AGENCY NAME: TITUSVILLE POLICE DEPARTMENT
BREVARD COUNTY, FLORIDA**

NARRATIVE Continuation Page 2 of 3

AGENCY REPORT NO. 2021-00063253
OBTS NO.

**(Last, First, Middle) MITCHELL, LAKEISHA, SONYAE
DEFENDANT/JUVENILE:**

Charge	Charge Description			Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number		
	<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest		
Charge	Charge Description			Counts	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
	Activity	Drug Type	Amount/Unit	Bond Amount	Court Number		
	<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest		

I met with the child's foster mother and legal custodial guardian, Lakeisha Mitchell, at the above residence and received a sworn statement from her. Lakeisha stated that the child was throwing a temper tantrum, and kept throwing herself on the ground and pretending that her legs did not work. Lakeisha stated that the child would fake like she was unconscious or sleeping. When the child began to do this again today, Lakeisha stated that she left the room she was throwing herself down in and did not pay it any attention. Lakeisha stated when she checked on the child, the child's eyes were closed and she believed she was faking unconsciousness. Lakesha stated she placed the child in the tub, with water in it, and while fully clothed. Lakeisha explained that in the past, this has caused JKC to stop faking the unconsciousness. Lakeisha advised that she laid the child in the bathtub last saw the child sitting in the tub, with her back against the tub, with water present. Lakeisha said she left the room while the child was still unconscious in the body of water. When Lakeisha returned to the bathroom, she found the child on her side, with her face submerged. Lakisha stated the child's lips were blue, and she was unresponsive. Lakisha said she called her friend first then 911, and the child was taken via ambulance to Parrish Medical Center. It should be noted that Lakisha expressed concerns about extreme behavioral issues involving the child, which she has been seeking assistance for, to include what she described as the child speaking with demons.

While at Parrish Medical Center, the following injuries were observed: bruise above the left eye, bruise and swelling to the forehead above the left eye, multiple scratches to the throat, areas of discoloration (appeared to be bruising) to the throat, what appears to be tearing and irritation of the anal/rectal area. Doctors at Parrish Medical Center also discovered bilateral frontal lobe bleeding. The injuries sustained did not appear consistent with the statement provided by the defendant. The child was in critical condition, intubated, and was unable to breathe on her own. The child was transported to Orlando Health Arnold Palmer Hospital for Children. It should be noted that the injuries were sustained by the child while the defendant was in custodial control and was the acting legal guardian.

*****AMENDED*****

On August 25th, 2021, at approximately 0952 hours, the juvenile was pronounced deceased at the medical facility she

Officer's Signature	Officer's Name PRINTED Landis, Parker
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COURT FILE STATE ATTORNEY SHERIFF'S RECORDS JAIL LAW ENFORCEMENT DEFENDANT'S COPY Clerk 127

**AGENCY NAME: TITUSVILLE POLICE DEPARTMENT
BREVARD COUNTY, FLORIDA**

NARRATIVE Continuation Page 3 of 3

**AGENCY REPORT NO.
2021-00063253**

**(Last, First, Middle) MITCHELL, LAKEISHA SONYAE
DEFENDANT/JUVENILE:**

OBTS NO.

Charge	Charge Description			Counts	<input type="checkbox"/> FS <input type="checkbox"/> Ord.	Statute Violation Number	Violation of Section (ORD)
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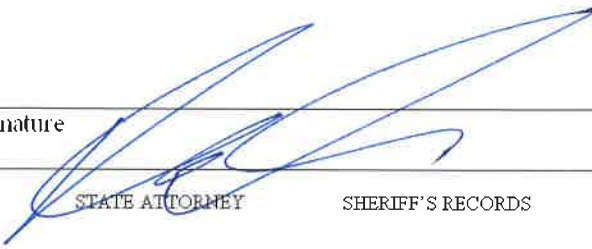
was brought to after the initial incident.

A witness who is employed at the victim's daycare provided a statement to investigators that on the day of August 23rd, 2021, the defendant picked the 4-year old victim up from daycare that afternoon before the incident. The witness stated she did not observe any injuries on the child. According to the geographic information found in the defendant's cell phone pursuant to a lawfully obtained search warrant, the defendant was at or around the daycare at approximately 1700 hours. EMT's and law enforcement arrived at the residence at 1745 hours.

On August 27th, 2021, the autopsy for the juvenile was completed by the Brevard Medical Examiner's Office. The medical examiner determined the cause of death was blunt force trauma to the head causing brain bleeding and strangulation. The medical examiner advised that the combination of these injuries was the cause of death. There was no evidence that drowning. The medical examiner concluded that the victim's death was a homicide.

Based on the statements received and autopsy from medical examiner, the defendant is now being charged with capital felony murder based upon aggravated child abuse contrary to section 782.04(1)(a)2h, Florida state Statute.

Officer's Signature



Officer's Name PRINTED

COURT FILE

STATE ATTORNEY

SHERIFF'S RECORDS

JAIL

LAW ENFORCEMENT

DEFENDANT'S COPY

Clerk 127